



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

3315 West Truman Blvd.
P.O. Box 58
Jefferson City, MO 65102-0058
573-751-4231

SENDER'S TRADING PARTNER PROFILE LIST OF INSURERS

TRADING PARTNER TYPE:

- ☐ Claims Administrator
☐ Trust
☐ Insurer

NAME OF INSURERS SUBMITTING FOR:

Name _____ FEIN: _____

Address _____ City _____ State _____ ZIP _____

NAIC # (filed with MO DIFP) _____

Name _____ FEIN: _____

Address _____ City _____ State _____ ZIP _____

NAIC # (filed with MO DIFP) _____

Name _____ FEIN: _____

Address _____ City _____ State _____ ZIP _____

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